FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N93000005295 (1)

1. Corporation Name

COLLIER FAMILY PLANNING, INC.

Principal Place of Business	Mailing Address
900 5TH AVENUE NORTH NAPLES FL 33940	900 5TH AVENUE NORTH NAPLES FL 33940

3. Date Incorporated or Qualified: 11/22/1993
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / Country — 25 / Zip — 29 / Country — 30

4. FEI Number: 65-0450515 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ N/A — $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

DEMAREST, ROBERT
900 5TH AVENUE NORTH
NAPLES FL 33940

10. Name and Address of New Registered Agent

81 Name: Charlene A. WENDEL
82 Street Address (P.O. Box Number is Not Acceptable): 900 5th Avenue North
83:
84 City: Naples FL 85 Zip Code: 33940

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: Charlene A Wendel — 4/30/96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) — DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD ABERNATHY, JAY 1022 SPERLING AVENUE NAPLES FL	☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	PD Bonnie Yarrington 1900 Galleon Drive Naples, FL 33940
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DEMAREST, ROBERT 1800 TILLER TERRACE NAPLES FL 33940	☒ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	SD Betsy Schwartz 593 Country Walk Court Naples FL 33942
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD GARDNES, MARILYN G 1720 MARLYN ROAD FT. MYERS FL 33901	☒ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD HILL, WILLIAM R 2375 TAMIAMI FRAIL, N NAPLES FL 33940	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	400001886034 -07/08/96--01036--026 ***61.25
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD FRANKE, HELEN M 450 GALLEON DRIVE NAPLES FL	☒ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	7,3,96 jr

CR2E037 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Charlene A Wendel William R Franke 4/30/96 (941)262-8923
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #